C-2 Rev. 06/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

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non

Section I	•				
Name of Candidate or Political Con	nnittee and Chairperso	on		Office Sought (if candidate	District (if any)
Mailing Address	Check if address of	1.5		Home Phone	Work Phone
Name of Political Treasurer	PART 1970	<u> </u>	ns terry	1 3011-1408	1250-0554
Kinga Duya	~		•		
Mailing Address	☐ Check if address	change. City and	7) -	Home Phone	Work Phone
140 100 114		<u> </u>	X3623	13412 2039	1890-4021
Section II		TYPE	OF REPORT		
Directions: To indicate the instructional manual for reporting This report		due dates		nd check the appropriate ough 12/31	box(es). See the \sqrt{DL}
7 Day Pre-Primary	Report	☐ 30 Day Po	ost-Primary Report	October 10	Pre-General Report
7 Day Pre-General	Report	☐ 30 Day Po	ost-General Report	🔼 Annual Re	eport
Semi-Annual Repo	ort (Statewide Can	didates Only)			
Is this Report as	n amendment?	☐ Yes 🗖	No Is this a Te	rmination Report?	Ycs X No
Section III	STATEMEN	T OF NO CON	TRIBUTIONS OR	EXPENDITURES	
	hat I have received from		through	expenditures during this	reporting period
Section IV To reach your Calendar Yea figures to the Column II fig		Add this report's		COLUMN I This Period C	COLUMN II alendar Year to Date
Line 1: Cash on Hand Janua	ary I, This Year*		\$	XXXXXX s	53963 35
Line 2: Enter Cash Balance		•	·* \$	3,943.35	XXXXXX
Line 3: Total Contributions Line 4: Subtotal (Add lines		m page 2)	S = 7		2 002 26
Line 5: Total Expenditures (•	n page 2)	5 Z	1.500	1 3,575
Line 6: Cash Balance at Clo			line 4)** 5 _	1,14030 s	1,400.35
Line 7: Outstanding Debt to) Date		\$_	0-	
*This same figure should be **You must report the cash Note that the closing cash I	on hand at both th	ne beginning of th	ne reporting period a	and the close of the repor	rting period. cash on hand.
	Section V	· · · · · · · · · · · · · · · · · · ·	CERTIFIC	CATION	- CO - G
Return This Report To:		Xim VA	CHIVNON	•	- -
Secretary of State PO Roy 83720 Ben Ysursa I VIV VIVI hereby certify that the information (name of Poblical Treasure) in this report is a true, complete and correct Campaign Financial Disclosure Report as					المواجدا
PO Box 83720 Boise ID 83720-0080	1	is report is a true. red by law.	, complete and corre	et Campaign Phancial I	Asciosure Report as
phone: (208) 334-2852					
fax: (208) 334-2282			Signature of Pol	itical Tecasurer	20 0

Page 1

DETAILED SUMMARY PAGE

Name of Candidate or Committee	Report Covering the Period From 11/3/04 to 12/31/04			
	ONTRIBUTIONS rs (\$50.00) or Less This Period			
Total Number	Total Amount \$			
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period				
Total Number	Total Amount 5 - C			

	Total This Period
Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	s
Itemized Contributions (total all Schedule A sheets)	\$
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$
Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ 2,502
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$,
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$2.502
Number of Schedule C-2B pages Attached	
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$
Subtotal	= \$
Payment this Period (Total all C-2Bs - Payment this Period)	- \$
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$
Number of Schedulc C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$

SCHEDULE B ITEMIZED EXPENDITURES

Page	of	\neg
	1	- 1
ì	- 1	- 1

of Twenty-Five Dollars (\$25.00) or more this period

Name of Candid	ate or Committee		
	WATE: 11. VVVVA	Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
	"Identio wimid	UJ, UJ)	
101111	Bonse, ID	\$_112	s
Purpose of Abo	ve Expenditure: Advertschart		
2 0 10	2 connie Wills	1 25 (17)	
1477日	Glenors Ferry, ID 83033	s_XIII	\$
Purpose of Abo	ve Expenditure: (2) min is sement for camp	ruigh oxo	emes
	Planura Wills		
13/17/14	GF ID 83423	\$1,440	\$
Purpose of Abo	ve Expenditure: COMPUSEMENT TO CAM	paym tr	well (30/mile
	Corinia wills	7	
17000	<u> </u>	\$ 200	S
Purpose of Abo	ve Expenditure: (RIM DUSSIMENT FOR SIX	ns Carrie	Peris Lampung
	5.	0	
		s	\$
Purpose of Abo	ve Expenditure:		
	6.		
		S	\$
Purpose of Abo	ve Expenditure:		
	7.		
	·	s	\$
Purpose of Abo	ve Expenditure:		
	8.		
		\$	\$
Purpose of Abov	ve Expenditure:		
	9.		
		\$	\$
Purpose of Above Expenditure:			
	Subtotals of Columns A & B	s 3,503	\$
	Total This Page (add columns A & B)		13,503